



STATE OF TENNESSEE  
Board of Professional Geologists  
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CHANGE OF ADDRESS FOR APPLICANTS AND LICENSEES

Change my: ☐ License ☐ Application as indicated below:

Name: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

License Number(s): \_\_\_\_\_

**NOTE:** If you have more than one license/application, please list all license numbers and [which profession(s)] are affected by this change.

**Please indicate your preferred mailing address by checking the appropriate box. If a box is not checked, the home address will be used.**

[ ] Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

[ ] Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Effective Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**IT IS IMPORTANT TO KEEP YOUR ADDRESS CURRENT WITH THE BOARD.  
PLEASE FILL OUT A CHANGE OF ADDRESS FOR AND RETURN IT TO THE BOARD AS SOON AS POSSIBLE.**

\_\_\_\_\_  
Signature of Licensee/Applicant